

Supervisee's Name: _____



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St, 2 SC 32, Frankfort, Kentucky 40601
Phone (502) 782-8814 ~ <http://adc.ky.gov>

VERIFICATION OF CLINICAL SUPERVISION

Highest Educational Level Achieved: _____

Documentation of direct supervision by a Board-Approved Certified Alcohol and Drug Counselor or a Licensed Clinical Alcohol and Drug Counselor must be provided. This form must be completed by the applicant and signed by the clinical supervisor.

Clinical supervision shall meet the following minimum requirements:

- (a) Applicants with a high school diploma or high school equivalency diploma require 300 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains;**
- (b) Applicants with an associate's degree in a relevant field require 250 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains;**
- (c) Applicants with a bachelor's degree in a relevant field require 200 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains; and**
- (d) Applicants with a master's degree or higher in a relevant field require 100 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains.**

In accordance with 201 KAR 35:010, Section 1 (12), "clinical supervision" means a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive. These activities are observed/reviewed by the clinical supervisor who provides timely positive and constructive feedback to assist the counselor in the learning process. Methods of supervision include: face-to-face, interactive video, or observation. **A minimum of 10 hours of face-to-face clinical supervision must be documented in each of the four (4) domains.**

APPLICANT/SUPERVISEE'S NAME: _____

APPLICANT/SUPERVISEE'S STRENGTHS: _____

APPLICANT/SUPERVISEE'S WEAKNESSES: _____

Supervisee's Name: _____

COMPLETE THE FOLLOWING **SUMMARY** OF CLINICAL SUPERVISION HOURS - SPECIFIC DETAILS MUST ACCOMPANY THIS PAGE. USE AS MANY PAGES AS NECESSARY TO PROVIDE DETAILS OF CLINICAL SUPERVISION. NUMBER EACH PAGE.

DOMAIN	Number of Face-to-Face Hours	TOTAL NUMBER OF HOURS
Screening assessment and engagement		
Treatment planning, collaboration, and referral		
Counseling		
Professional and ethical responsibilities		
TOTAL		

Affidavit: I verify, under the penalty of perjury, that the information documented above is true and accurate to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

Supervisee's Name: _____

DOMAIN 1: SCREENING ASSESSEMENT AND ENGAGEMENT

(Methods of supervision include face-to-face, interactive video, or observation.)

[illegible]

Total Number of Hours in Screening Assessment and Engagement

Page _____

DOMAIN 4: PROFESSIONAL AND ETHICAL RESPONSIBILITIES

(Methods of supervision include face-to-face, interactive video, or observation.)

[illegible]

Total Number of Hours in Professional and Ethical Responsibilities _____

Page _____